

AO 440 (Rev. 8/01) Summons in a Civil Action

FILED
UNITED STATES DISTRICT COURT

2004 District of Massachusetts

The M.D. Management Co., LLC (Petitioner),
Adrian E. Lepedeanu (Beneficiary),
Mariana Lepedeanu (Dependant, spouse) &
R.L. (Dependant, child)

V.

U.S. Department of Homeland Security
Citizenship and Immigration Services

DISTRICT COURT
DISTRICT OF MASS
SUMMONS IN A CIVIL ACTION
04 10499 RWZ
CASE NUMBER:

TO: (Name and address of Defendant)

Office of Principal Legal Advisor
Bureau of Citizenship and Immigration Services
U.S. Department of Homeland Security
425 I Street, NW, Room 6100
Washington, DC 20536

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Maureen O'Sullivan
Kaplan, O'Sullivan & Friedman
10 Winthrop Sq., 3rd Floor
Boston, MA 02110

Ph: 617-482-4500
Fx: 617-451-6828

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable time after service.



TONY ANASTAS

CLERK

(By) DEPUTY CLERK

MAR 1 2004

DATE

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>3/16/04</u>	
NAME OF SERVER (PRINT) <u>ELISABETH KINGSBURY</u>	TITLE <u>LEGAL INTERN</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 10px;"><input type="checkbox"/> Served personally upon the defendant. Place where served:</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Returned unexecuted:</div> <div><input checked="" type="checkbox"/> Other (specify): <u>sent via certified mail/Return Receipt Requested</u></div>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <u>\$0.00</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>Executed on <u>3/31/04</u></p> <p style="text-align: center; font-size: small;">Date</p> </div> <div style="width: 60%;"> <p><u>Elisabeth Kingsbury</u></p> <p style="text-align: center; font-size: small;">Signature of Server</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p><u>KOF, 10 Winthrop Sq., 3rd Fl., Boston, MA 02110</u></p> <p style="text-align: center; font-size: small;">Address of Server</p> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Office of Principal Legal Advisor Bureau of Citizenship & Immigration Services U.S. Dept. of Homeland Security 425 I St. NW Room 6100 Washington, DC 20536</p>		<p>A. Signature <input checked="" type="checkbox"/> X</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 2260 0003 6565 7239</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	

102595-02-M-1540